

Address all correspondence to:  
Director of Human Resources  
New Jersey Turnpike Authority  
P.O. BOX 5042  
WOODBIDGE, N.J. 07095-5042  
(732) 750-5300

Only Original Applications Will Be Considered  
**NEW JERSEY TURNPIKE AUTHORITY**  
**EMPLOYMENT APPLICATION**  
(Confidential)



Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Are you legally authorized to work in the  
United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Employment eligibility **MUST** be verified prior  
to the start of employment.

If you require a reasonable accommodation to  
complete any part of the application, please  
advise: \_\_\_\_\_

**DRIVING STATUS**

Do you possess a currently valid drivers license?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
State where issued: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_  
Is this a Commercial Drivers license?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes", list endorsements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Circle Number of Years Attended:  
Grade School: 1 2 3 4 5 6 7 8  
High School: 1 2 3 4  
Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
College: 1 2 3 4 Graduate Work: Yes: \_\_\_\_\_  
Name of College: \_\_\_\_\_  
Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_  
\_\_\_\_\_

**Other Formal Training:**

Name of School: \_\_\_\_\_  
Vocational: \_\_\_\_\_  
Trade: \_\_\_\_\_  
Business: \_\_\_\_\_  
Year(s) Attended: \_\_\_\_\_  
List types of Business Machines you can  
operate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typing: Yes: \_\_\_\_\_ No: \_\_\_\_\_ WPM: \_\_\_\_\_  
Shorthand: Yes: \_\_\_\_\_ No: \_\_\_\_\_ WPM: \_\_\_\_\_

**TYPE OF WORK DESIRED**

(Be specific where possible)

Full Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
Toll Collection: \_\_\_\_\_  
Maintenance: \_\_\_\_\_  
Administration: \_\_\_\_\_  
Other: \_\_\_\_\_  
Any special qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have License in this trade? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY STATUS**

Are you a veteran of the United States Armed  
Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
\_\_\_\_\_  
Have you ever been employed by the N. J.  
Turnpike Authority? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If Yes, give dates of employment:  
\_\_\_\_\_  
\_\_\_\_\_

**ANSWER THESE QUESTIONS CAREFULLY**

**EMPLOYMENT RECORD (List Most Current Position First)**

Name of Employer	Address	Reason for Leaving	Dates Employed		Title	Salary
			From	To		
1:						
2:						
3:						
4:						

**List References Other than Relatives of Employees of Turnpike**

Name	Address	City	State	Telephone
1:				
2:				
3:				

Do you have any relatives employed by the N.J. Turnpike Authority? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes", please list:

(CONSIDERED A "RELATIVE": spouse, mother, father, sister, brother, son, daughter, aunt, uncle, niece, nephew, grandmother, grandfather, grandson, granddaughter, mother-in-law, father-in-law, sister-in-law, brother-in-law, or any of the above by blood or marriage)

Person to be called in case of Emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you even been convicted of any offense, other than a minor traffic offense? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, explain FULLY, including dates: \_\_\_\_\_

At present, are there any charges pending against you, other than a minor traffic offense? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, explain FULLY, including dates: \_\_\_\_\_

All Authority Employees are covered by a Comprehensive Crime Insurance Policy. Said Policy requires the above information.

**IMPORTANT, READ CAREFULLY BEFORE SIGNING**

In the event that your application should warrant further consideration, the N.J. Turnpike Authority procedures may include general testing for all applications including interviews and testing for specific skills essential to a particular position for which the candidate is applying. A successful candidate will be one who meets the reasonable standards for employment in each for the foregoing categories as set forth by the N.J. Turnpike Authority. All offers are conditional upon the results of a post-offer medical examination, which includes drug screening.

All information is true and accurate to the best of my knowledge. I understand that any falsification or willful misrepresentation will result in my immediate dismissal. In the event any information contained herein is found to be incorrect, false, misleading, or intentionally omitted, it will result in my immediate dismissal.

Signed: \_\_\_\_\_

EQUAL EMPLOYMENT OPPORTUNITY  
DATA SHEET

The New Jersey Turnpike Authority requests that applicants voluntarily provide the following demographic information. This sheet is detached from the application prior to consideration and is used for recordkeeping only. The statistics provided by the attached form allow the New Jersey Turnpike Authority to judge its effectiveness in Affirmative Action/Equal Employment Opportunity.

For each question, please answer accordingly:

Sex:                    ☐ Male                    ☐ Female

Choose the group with which you most clearly identify yourself with:

☐ White                    ☐ Black                    ☐ Hispanic                    ☐ American Indian  
☐ Asian                    ☐ Other (Specify) \_\_\_\_\_

Your age Group:

☐ Under 18                    ☐ 18-29                    ☐ 30-34                    ☐ 35-39  
☐ 40-44                    ☐ 45-54                    ☐ 55-69                    ☐ 70 or over

Position applied for: \_\_\_\_\_

Full Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Part Time: \_\_\_\_\_